



Indiana Supreme Court
Court Improvement Program
CASH REQUEST FORM

1. Grantee Name and Address:
2. Date of Request:
3. Grant Number:
4. Project Title:
5. Computation of Request
 - a. Total grant award: \$
 - b. Less Payments Previously Received \$
 - c. Funds Available for this Request (a-b) \$
 - d. **Cash Amount Requested:** \$
 - e. Balance Available for Future Requests(c-d) \$
6. Amount of Match to be provided with this request \$

Certification of Fiscal Officer:

I certify that the information above is correct and that: 1) all disbursements were or are to be made in accordance with grant conditions, and 2) the requested cash is required to meet immediate cash needs.

(Type or print name)

Title: _____

Signature: _____

Telephone number: _____ Date: _____

CIP office use only:

Amount Approved for disbursement: \$ _____

Basic Grant _____ from FFY _____

Data Grant _____ from FFY _____

Training Grant _____ from FFY _____

Grant Manager _____ date _____

Finance Manager _____ date _____